



**Ministry of Health  
Bhutan Food and Drug Authority  
CERTIFICATION SERVICES**

**FEEDBACK FROM THE COMPANY/CLIENT THAT HAS BEEN AUDITED**

1. Name of the Company/Client:
2. Type of audit:
3. Date(s) of audit:
4. Name of auditor:

**5. Performance rating:**

Clause	Particulars	Evaluation (Tick)	
		Yes	No
<b>5.1</b>	<b>Quality of Audit</b>		
5.1.1	Did you get the audit intimation sufficiently in advance?		
5.1.2	Was the audit carried out as per the plan?		
5.1.3	Did the team leader brief you about the methodology of audit?		
5.1.4	Were the issues raised relevant based on requirements/facts?		
5.1.5	Did the issues add value interms of improving your existing processes?		
5.1.6	Did the audit team evaluate your system sufficiently to come to a conclusion? (Please highlight any key concern of yours that was missed out by the team)		
5.1.7	Did the audit team check relevant records to verify and collect evidence of compliance?		
5.1.8	Was the audit team impartial and fair in inspection?		
5.1.9	Was the audit team knowledgeable about the standard and audit techniques?		
<b>5.2</b>	<b>Quality of Sampling</b> (if samples were drawn, otherwise skip to4.3)		
5.2.1	Were the representative samples taken by the audit team?		
5.2.2	Were the samples properly coded and countersigned by your representative?		
5.2.3	Were the countersamples left with you?		
<b>5.3</b>	<b>Quality of communication and response on Audit</b>		
5.3.1	Were your communications replied to promptly?		
5.3.2	Did you get sufficient information on the audit before audit?		
<b>5.4</b>	<b>For Certified clients(If it is initial/first audit, please skip to 5)</b>		
5.4.1	Did you get the audit reports in reasonable time from the date of audit?		
5.4.2	Were you satisfied with the speed of decision making by Certification Services of BFDA?		



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**6. General**

**6.1 Please provide your suggestions/comments/feedback.**

**6.2 Overall service rating (Please tick)**

<b>Excellent</b>	<input type="checkbox"/>	<b>Very Good</b>	<input type="checkbox"/>	<b>Good</b>	<input type="checkbox"/>	<b>Average</b>	<input type="checkbox"/>	<b>Poor</b>	<input type="checkbox"/>
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Name of company/Client Representative:

Designation:

Date:

**REQUEST:**

Please email us the feedback at [certification-body@bfda.gov.bt](mailto:certification-body@bfda.gov.bt)

OR

Please send the filled form in a sealed envelope to this address:

**The Certification Manager**

**Certification Services, BFDA, MoH**

**Thimphu**

**Post Box No. 1071**